

Disorders/Differences of Sex Development (DSD) and Gender Dysphoria: The Need of a National Guideline for Malaysia

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ABSTRACT

Disorders/Differences of Sex Development (DSD) are congenital conditions characterized by atypical chromosomal, gonadal, or anatomical sex, affecting approximately 0.1–2% of the global population. A subset of individuals with DSD also experiences gender dysphoria (GD), a psychological distress arising from incongruence between assigned sex at birth and experienced gender. Misdiagnosis between GD and DSD remains a major concern, particularly in Muslim-majority contexts such as Malaysia, where socio-cultural, religious, and medical perspectives intersect. Many individuals with unrecognized DSD are mistakenly categorized as transgender, resulting in stigmatization, marginalization, and limited access to healthcare, education, and religious participation. Islamic jurisprudence introduces the concept of *khuntha* to describe sex ambiguity, which overlaps with some DSD cases but requires nuanced differentiation from *mutasyabbih* (gender imitation) and transgenderism. While classical scholars distinguished between *khuntha wadhah* (discernible) and *khuntha mushkil* (intractable), contemporary management demands multidisciplinary collaboration. Integrating medical expertise with Shariah rulings is essential to determine appropriate pathways, including gender assignment, surgical interventions, and psychosocial support. The absence of structured guidelines in Malaysia exacerbates clinical, ethical, and religious dilemmas in managing these complex cases. This paper argues for the urgent development of a national guideline that combines evidence-based medical protocols with Islamic jurisprudence, ensuring culturally competent and patient-centered care. Such a framework would harmonize the roles of endocrinologists, psychiatrists, psychologists, religious scholars, and community stakeholders, providing comprehensive management that upholds both health outcomes and spiritual well-being. Establishing this synergy positions Malaysia to pioneer an integrated model for DSD and GD management in Muslim societies.

Keywords

Gender Dysphoria, Differences of Sex Development, *Khuntha*, Transgender, Islamic jurisprudence

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INTRODUCTION

The 2024 Paris Olympic Games triggered a worldwide interest in gender-related issues when Imane Khelif, the Algerian female boxer faced protest that she should not be allowed to compete in the woman's category. The International Olympic Committee (IOC) defended the right of the boxer to participate in the women's category against the claims by another sports body, *viz* International Boxing Association (IBA), stating that

Imane Khelif had failed the gender test based on chromosomal and testosterone level tests. The IBA was later stripped of its world governing body status by the IOC over integrity and governance issues.

Nevertheless, Imane Khelif is a Muslim who comes from Algeria, a Muslim country with strict regulations regarding *tasyabbuh* (pretending to be the opposite sex) which

created public interest over how this delicate issue was handled from both health and religious perspectives.

How do we approach cases of Gender Dysphoria (GD), of those suspected of having Differences/Disorder of Sex Development (DSD) issues professionally? How do we delicately manage affected Muslim individuals, who fit into the category of *khuntha* (sex ambiguity) from the Shariah perspectives amidst the stigma and lack of awareness? This paper explores these questions and attempts to illustrate the need of a national guideline for Malaysia drawn from multidisciplinary approaches for health experts and other authorities.

The confusion on gender identity

In any society, there are individuals who are confused with their gender identity; however, they are not transgenders. With the increase in transgender issues worldwide, including Malaysia, such individuals face various challenges in their daily lives due to gender dysphoria (GD). These individuals, may be classified as undiagnosed Disorders/Differences of Sex Development (DSD) based on clinical examination by a trained medical professional.

As these individuals experience gender incongruence, and yet to be identified as DSD, they most likely live in families and societies where they are discriminated and stigmatized. This condition can lead to significant psychological distress and burden, known as GD. Approximately 0.1%-2.0% of the global population is affected by DSD, from which, 15% are affected with GD.¹ DSD individuals also suffer from other mental health problems such as depression and anxiety which negatively impact their daily lives.

Individuals who experience gender incongruence when examined by trained physicians in the management of DSD, is more likely to be categorized as DSD or *khuntha*, rather than transgender. The *khuntha* status however, should be confirmed by Shariah experts. When both DSD and *khuntha* are confirmed, affected individuals can legally change their gender status, and receive appropriate medical and surgical treatment in Malaysia. The medical

attention received, can change their lives positively, alleviate their mental health problems and allow them to live as Muslims, whether as men or women to the best of their ability.

Disorders/Differences of Sex Development (DSD)

Disorders/Differences of sex development (DSD) is defined as '*congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical*'.² This new nomenclature indicates that there is a mismatch between chromosomes, gonads, internal reproductive organs, and external genitalia of an individual. DSD embraces almost all conditions of congenital sexual anomalies, with or without ambiguous genitalia.

The incidence of a child with DSD is approximately 1:1000-4500 live births. The most frequent condition is congenital adrenal hyperplasia (CAH), followed by androgen insensitivity (AIS) and mixed gonadal dysgenesis, and Swyer syndrome.^{3,4}

Individuals with DSD may present with a wide range of phenotypes from ambiguous genitalia, absence of secondary sexual characteristics development (delayed puberty), primary amenorrhea, hypospadias, clitoromegaly, virilization of a woman, to complex congenital defects.⁵ All these varied phenotypic existences are influenced by various pathophysiological conditions such as gonadal developmental; genetic, chromosomal, hormonal function abnormalities; and others.

Gender Dysphoria (GD)

Gender dysphoria (GD) refers to '*psychological distress arising from a marked incongruence between an individual's assigned gender at birth and their experienced or expressed gender*'. According to the Diagnostic and Statistical Mental Disorder, Fifth Edition (DSM-5-TR), GD is defined as '*lasting at least six months and being accompanied by a strong desire for a different gender, physical characteristics of another gender, or significant distress or impairment in social, occupational, or other areas of functioning*'.⁶ It may create a significant psychological burden or problems functioning to those with GD.⁷

The DSM-5-TR includes DSD as a specifier for GD, recognizing the overlap between the two conditions. However, this categorization raises concerns about potential misdiagnosis and stigma, especially in cases where individuals with DSD are erroneously labelled as having GD. This misclassification can be problematic because for many individuals, gender identity issues may arise due to the complexities of their medical condition rather than from dysphoria itself. Therefore, accurate diagnosis requires a multidisciplinary approach which combines genetic, hormonal, and psychosocial evaluations. Establishing clear guidelines to differentiate GD from DSD is essential to ensure appropriate care and minimize the risk of stigmatization.

In Malaysia, many individuals with GD are yet to be properly investigated for possible underlying conditions like DSD or *khuntha*, and may be misidentified as part of the LGBT community. This misidentification further contributes to their marginalization, with limited access to religious activities, community participation, employment opportunities, and public services. In some cases, these social barriers drive affected individuals to sex industry for survival. These challenges can exacerbate their mental health problems, leading to feelings of isolation, depression, and anxiety.

Khuntha

Islamic scholars have highlighted the issues regarding gender incongruence and confusion among individuals which is known as *khuntha*. In the classical definition, one of the Islamic lexicographers, Muhammad Ibn Manẓur, stated that *khuntha* refers to ‘a person who cannot be recognised as male or female; and/or the person has both criteria/ characteristics of a male and female’.⁸

*Khuntha*⁹ is illustrated when individual possesses any one of the followings; i) both male and female genitalia; ii) neither male nor female genitalia, but has an orifice that functions for urination purposes; or iii) ambiguous genitalia which does not look like male or female genitalia. This latter type is connected closely to some DSD cases.

However, in contemporary discussion, *khuntha* is referred to as ‘a congenital condition which may include the presence of ambiguous genitalia along with atypical development of chromosomal and/or gonadal and anatomy sex’.¹⁰ In exploring the relationship between DSD and *khuntha*, studies by Anisatul Qalbi and Taqwa Zabidi reported that not all DSD are *khuntha* but all *khuntha* are DSD.¹¹ For example, Turner syndrome is one of DSD diagnoses but is not categorised as *khuntha* because these affected individuals are without male characteristics, but have deficiencies in female characteristics. In contrast to congenital adrenal hyperplasia (CAH) *viz* someone with both male and female characteristics, the affected individual has female karyotype ie 46 XX, but produces excessive male hormones resulting in the formation of ambiguous genitalia and gender dysphoria (GD), is referred to as *khuntha*.

Islamic scholars have divided *khuntha* into two types, namely *khuntha wadhib* (discernible *khuntha*) and *khunthā mushkīl* (intractable *khuntha*). This division is based on the level of complexity to ascertain the correct gender, which was initially to identify to what extent the juridical rulings of *khuntha* is applied to them. It is easy to ascertain the gender of a *khuntha wadhib* as the sex characteristics of one gender is more dominant compared to the other whilst in the case of *khuntha mushkīl*, it is difficult to ascertain the correct gender as there is no dominant sex characteristics of a gender. The difference between the two types is that *khuntha wadhib* will follow any juridical rulings of the ascertained gender and if required may undergo gender reassignment surgery,¹² whilst *khunthā mushkīl* however, will follow the specific juridical rulings of *Khuntha* to perform their obligations, and any gender reassignment surgery is prohibited for as long as the correct gender is uncertain.¹³

The determination of *khuntha wadhib* and *khuntha mushkīl* cannot solely rely on external observation. The determination should involve both the medical experts and Islamic scholars to address and solve this issue.

Mutasyabbih and Transgender

Khuntha is different from another group of individuals who are broadly categorized as *mutasyabbih*, in which the latter mainly ‘occurs due to psychological factors without having ambiguity of his/her genitalia, or chromosomal abnormalities, gonads or sexual anatomies’.

Mustasyabbih refers to ‘the person who resembles the other gender, including conversation, way of walking, dressing and behaviour’. On the other hand, *Tasyabbuh* is ‘an expression of the efforts or actions of a man who resembles a woman, or a woman who resembles a man in terms of conversation, way of walking, dressing manner and behaviour’.

Mutasyabbih can be divided into two, i) *mukhannath* and ii) *mutarajilat*. *Mukhannath* is defined as ‘a man exhibiting characteristics resembling those of a woman’, while *mutarajilat* refers to ‘a woman exhibiting the characteristics of a man’.¹⁴ Some of them born with such characters, but many others deliberately act and personify the other gender. Thus, transgender individuals align with the latter concept by typically having male biological attributes while presenting physical traits similar to that of a woman and vice versa.¹⁵

The 119th Muzakarah Committee of the National Council for Malaysian Islamic Religious Affairs which convened from 7-9 April 2021, echoed classical scholars on *mukhannath khalqi* (inherent) and *mukhannath ghayr khalqi* (unnatural) and differentiated between *khuntha* and *mukhannath* on the basis of biological condition for the former and psychological attributes for the latter.¹⁶ Accordingly, transgenders/transwomen in the Malaysian context known locally as ‘*mak nyah*’ are categorized in the *mukhannath ghayr khalqi* and not *khuntha* because they are not naturally feminine and have no medical issues in terms of physiology and gender development. The clear understanding of these conditions is vital prior to proposing any medical interventions according to Islamic perspectives. Figure 1 summarizes the classification of GD into possible conditions.

CONCLUSION

For affected Muslim individuals in Muslim-majority population, concepts such as *khuntha* and religious fatwas

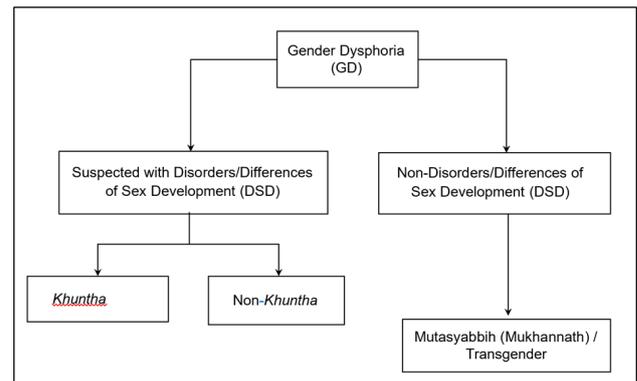


Figure 1. Gender dysphoria (GD) relation to Disorders/Differences of Sex Development (DSD)

regarding gender reassignment, require greater integration into clinical and social practices to ensure culturally competent and inclusive care.¹⁷ Islamic scholars have debated the permissibility of gender reassignment, with some Malaysian fatwas acknowledging it in cases of confirmed medical necessity, particularly for individuals with DSD. These religious perspectives should be integrated into clinical management frameworks to ensure that care aligns with both medical needs and Islamic principles. In the case of transgenders, socioreligious and cultural knowledge-enhancement methods through the voluntary participations may reduce risk of HIV transmission.¹⁸

In the face of fast evolving Shariah and medical knowledge, it is imperative that these bodies of experts discuss and share their expertise to make a comprehensive decision on the case in-hand. There is an urgent need for culturally sensitive guidelines which combine the expertise of health professionals, religious scholars, and community stakeholders. A well designed flow of referrals should be established incorporating comprehensive psychosocial support, religious counselling, and individualized care provided by multidisciplinary teams, including psychiatrists, endocrinologists, psychologists, and social workers.

The synergy between fiqh and medical knowledge forms a robust foundation to determine the juridical rulings as well as a comprehensive approach to addressing the complex issues concerning DSD, GD, and transgenderism. The authors strongly propose the establishment and implementation of a guideline for Malaysia combining

both medical and Shariah aspects in managing DSD. This will be the first of its kind in the Muslim world.

REFERENCES

1. Babu R, Shah U. Gender identity disorder (GID) in adolescents and adults with differences of sex development (DSD): A systematic review and meta-analysis. *J Pediatr Urol.* 2021 Feb;17(1):39-47. doi: 10.1016/j.jpuro.2020.11.017. Epub 2020 Nov 12. PMID: 33246831.
2. Hughes IA. Disorder of Sex Development: A New Definition and Classification. *Best Practice & Research Clinical Endocrinology & Metabolism* 2008; 1:119 – 134.
3. Hughes IA, Houk C, Ahmad SF, et al. Consensus statement on management of intersex disorders. *Archives of Disease in Childhood* 2005; 7:554–563.
4. Blackless M, Charuvastra A, Derryc A, et al. How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology* 2000; 2:151–166.
5. Arboleda VA, Sandberg DE, & Vilain E. DSDs: genetics, underlying pathologies and psychosexual differentiation. *Nature Reviews Endocrinology* 2014; 10:603–615.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. Arlington, VA: American Psychiatric Publishing, 2022.
7. Grinten MV, & Dekker E. Challenges of gender dysphoria and differences in sexual development: A review. *Journal of Gender Studies* 2021; 4:563–577.
8. Ibn Manzūr MM. *Lisan al-‘Arab*. 3rd ed. Beirut: Dar Sadir, 1993.
9. Ala’ al-Din ABM. *Badā’i’ al-Şana’i’ fī Tartīb al-Shara’i*. 2nd ed. Beirut: Dar al-Kutub al-Ilmiyyah, 1987; Al-Juwayni AM. *Nihayah Al-Matlab fī Dirayah Al-Mazhab*, ed. by Al-Dayb MAA. Saudi Arabia: Dar Al-Minhaj, 2007.
10. Taqwa Z. *Untangling Khunūthah Condition-An Approach from Islamic Biomedical Ethics*. Putrajaya: Jabatan Kemajuan Islam Malaysia, 2024: 304.
11. Qalbi MSA. *Pengklasifikasian Disorder of Sex Development (DSD) menurut perspektif Islam dan perubatan*. [Master thesis] Universiti Kebangsaan Malaysia, 2017.
12. Zainuddin AA. & Mahdy ZA. *The Islamic Perspectives of Gender-Related Issues in the Management of Patients With Disorders of Sex Development*. *Archives of Sexual Behavior*, 2017; 46(2), 353.
13. <https://doi.org/10.1007/s10508-016-0754-y> ‘Abd Al-Razaq DA, ed. *Fatawa Al-Lujnah Al-Da’imah (Fatwa of General Presidency)*. vol. 25. Riyadh: Ri’asah Idārah al-Buḥūth al-‘Ilmiyyah wa al-Iftā’, n.d.
14. Al-Kirmanī MY. *Kawakib al-Kirmanī fī Sharh Sahih al-Bukhari*. 2nd ed. Beirut: Dar Ihya al-Turath al-Arabi, 1981.
15. Mufti of Federal Territory’s Office. *Bayan Linnas series 5: The issue of transgender and tasyabbuh (imitating/resembling) and its rulings (revised edition)* [online]. Available at: <https://muftiwp.gov.my/en/artikel/bayan-linnas/1820-bayan-linnas-series-5-the-issue-of-transgender-and-tasyabbuh>. Accessed 30 November 30, 2024.
16. Jabatan Kemajuan Islam Malaysia (JAKIM). *Mukhannath menurut fiqh dan perubatan serta kaitannya dengan transgender* [online]. Available at: <https://i-fiqh.islam.gov.my/portal/view.php?id=16583>. Accessed December 4, 2024.
17. Haneef S & Majid MZA. Islamic perspectives on gender dysphoria: A framework for healthcare professionals in Malaysia. *Journal of Religion and Health*, 2020; 1:1–16.
18. S., Maliya, Zul A.R., Irwan M.S., et al. “Mak Nyahs in Malaysia: Does HIV/AIDS Knowledge Really Reduce HIV-Related Risk Behaviours?”. 2018. *IIUM Medical Journal Malaysia* 17 (3). <https://doi.org/10.31436/imjm.v17i3.241>.